

## NORTH CAROLINA STATE BOARD OF ELECTIONS AND ETHICS ENFORCEMENT

## 2018 STATEMENT OF ECONOMIC INTEREST CANDIDATE

919-814-3600 www.ncsbe.gov/Ethics/SEI

2018 ELECTION FILER'S NAME (FIRST, MIDDLE, LAST)						
Prefix	First Name	Middle Nan	1e	Last Name	Suffix	
	Allison	Anne		Dahle		
CURRENT EMPLOYER			JOB 7	TTLE		
McMillan & Smith			Office	Manger		
NATURE OR TYPE OF I	BUSINESS					
Legal						
REASON FOR FILING (S	SELECT ALL THAT APP	LY)				
☑ CANDIDATE For (Specify the office for which you are running)						
House of Representatives						
STATE GOVERNMENT JOB (Specify Agency)			BOARD/COMMISSION (List complete name of all State boards on which you are serving or are being considered)			
JUDICIAL OFFICER (Specify Office)			LEGISLATOR (Specify House or Senate)			

A. Do other immediate far	mily members reside in yo	our household?	•				
✓ Yes □ No							
When used throughout this	s form, the term Immedia	te family incl	udes your spo	use (unless legally s	eparated).	It also includes	
members of your extended	l family (your and your sp	ouse's childre	n, grandchildr	en, parents, grandpa	rents, and	siblings, and the	
spouses of each of those po	ersons) who reside in you	ır household.					
List the full name of <b>all a</b>	_	•			der 18 yea	rs old. Minors are	
FULL NAME OF	RELATIONSHIP	ilitary, or court order for ex EMPLOYER				NATURE OF	
ADULTS & EMANCIPATED MINORS	REE/11101\0111	EWIFLUYER		JOD IIIE	,	BUSINESS	
Lou Pounder	Wife	Spectrum		Facilitator	Ca	able	
B. List <b>ONLY the initials</b>	s of all <b>unemancipated n</b>	ninors in your	household be	low. A minor is a cl	nild under	18 years old.	
Note: You must list the fo		-					
INITIALS FOR UNEMANCIPATED CHILDREN	RELATIONSHIP					NATURE OF BUSINESS	
PROPERTY INTEREST	rs						
1. As of December 31, 201  A. Have an ownership i  ✓ Yes □ No	17, did you, your spouse, ointerest in North Carolina		-	<del>_</del>	rket value	of \$10,000 or more?	
Owner of Real Estat	e % Ownershi	p Interest	Location by City		Location by County		
Allison Dahle	100		Raleigh		Wake	Vake	
	tate or personal property t	o or from the	State of North	Carolina with a man	rket value	of \$10,000 or more?	
☐ Yes ☑ No			T		T		
Name of Lessor	Name of Lessor Name of Lessee (Renter)			tate, Location by  & County	If Person	nal Property, Describe	

☐ Yes ☑ No					
Name of Purchaser	Name	of Seller	Type of Property		
FINANCIAL INTERESTS					
3. As of <u>December 31, 2017</u> , did you, yo valued at \$10,000 or more? <u>LIST EACH</u> A. <u>Stock</u> in a publicly owned company  ✓ Yes □ No	COMPANY INDIVIDU		wn any of the following financial interests		
or pension or deferred compens	ation plans) if: (i) the fun- mily member are able to	d is publicly traded or its a	funds, regulated investment companies, assets are widely diversified; and (ii) the mutual fund, investment company, or		
Owner of Interest		Full Name of Com	npany (Do not use a ticker symbol)		
Allison Dahle/Lou Pounder		Brown Furman			
Allison Dahle/Lou Pounder		Exxon			
Allison Dahle/Lou Pounder		BBT			
Allison Dahle/Lou Pounder		Advance Data Processing			
B. Stock Options in a company or bus  ☐ Yes ☑ No	iness?				
Owner of Stock Op	tion	Full Name of Com	npany (Do not use a ticker symbol)		

partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations)?  ☐ Yes ☑ No If "No", proceed to question 4.  Owner of Interest Name of Company or Business Entity				
7. A				
Owner of Interest Name of Company or Business Entity				
C (1). For each non-publicly owned company or business entity (the "primary company") identified in question 3.C above,				
please list the names of any other companies or business entities in which the primary company owns securities or equity interes				
valued at over \$10,000, if known.				
Non-Publicly Owned Company or Business Entity (the Primary Company)  Other Companies in which the Primary Company Own Security or Equity Interests				
□ None or Not Known				
C (2). If you know that any company or business entity listed in 3.C or 3.C(1) above has any material business dealings or				
business contracts with the State of North Carolina, or is regulated by the State, provide a brief description of that business active				
Name of Company or Business Entity  Description of Business Activity with the State				
□ None or Not Known				
4. As of <u>December 31, 2017</u> , were you, your spouse, or members of your <u>immediate</u> family the beneficiaries of a vested trust wit				
value of \$10,000 or more that was created, established, or controlled by you?				
Do not list assets held in blind trusts. See 2017 SEI Helpful Tips for the definition of "Vested Trust" and "Blind Trust."				
☐ Yes ☑ No				
Name and Address of Trustee Description of the Trust Your Relationship to the Trust				
5. As of December 31, 2017, did you, your spouse, or members of your immediate family have liabilities of \$10,000 or more,				
excluding the mortgage on your primary personal residence? Examples include credit card debts, auto loans, student loans, personal residence?				
loans and intra-family debt.				
✓ Yes □ No				
Name of Debtor (You, Spouse, Immediate Family Member)  Type of Creditor (Commercial Bank, Credit Union, Individual, etc.)				
WellsFargoDealer Commercial Bank				

immediate family during 2017.	Include salary, wages, state/loca	an \$5,000 received by you, your spo	nal fees, honoraria, interest,
dividends, rental income, busine	ss income, and other types of in	come required to be reported on you	or State and federal tax returns.
Do <u>not</u> include income received	l from the following sources:		
Capital gains	Federal government r	etirement	
Military retirement	► Social security income	e/SSDI	
Recipient of Income	Name of Source	Type of Business/Industry	Type of Income
☐ I had no reportable income ov	er \$5,000 in 2017.		
Allison Dahle	McMillan and Smith	Legal	Wages
Lou Pounder	Spectrum	Cable	Wages
PROFESSIONAL AND CIVIO	CRELATIONSHIPS		
Carolina primarily for religious,	·	nprofit corporation or organization outlic health and safety, or education	
		y a political subdivision of the State	
Name of Person	s of which you are a mere mem  His/Her Position	Name of Nonprofit Corporation or Organization	Nature of Business or Purpose of Organization
• •	<u> </u>	do business with the State of North	
	poration or Organization	if known or with which due diligend  Describe State Busin	ness or State Funding
□ None or Not Known		1	

Please answer the following ques	stion as it p	ertains to the following  House of Re			
<u> </u>	y group wi	th an interest in matters	over which your agenc	ey or board	
<ul> <li>Do not list organization</li> </ul>	s of which	you are only a member	(not serving in a leader	ship role).	
Name of Person		Name of Society, Organization or Advocacy Group		Leadership Position (Director, Officer, Board Member)	
9(a). List the name of each comp	•	•	•		·
Name of Person	Rela	tionship to Filer	Name of Compa	any	Role of Person
☐ No Business Associations					
Lou Pounder	Wife		Spectrum		Facilitator
Allison Dahle	Self		McMillan and Smith		Office Manager
9(b). If you know that any company or business entity listed in 9(a) above had any material business dealings or business contracts with the State of North Carolina or was regulated by the State as of <u>December 31, 2017</u> , provide a brief description of that business					
Name of Company or Business Entity			Description o	f Business	Activity with the State
☐ Not applicable (No entities lis	ted on #9a)	☐ No relationship / N	Not known		
Spectrum			provides internet		
10. Are you a practicing attorney  ☐ Yes ☑ No ☐ Judicial Offi  If "Yes", check each category of of more than \$10,000 during 201	cer/State A legal repre	•	or the law firm with wh	nich you ar	e affiliated has earned legal fees
Administrative	Admira	lty	☐ Corporate		☐ Criminal
☐ Decedent's Estates	☐ Environ		☐ Insurance	I	Labor
Local Government	Real Pro	operty	Securities		Tax
☐ Tort litigation (including ☐ Utilities Regulation ☐ Other category not listed.  negligence)					

11. <u>During 2017</u> , were you a licer member of a professional associa	•		• • • • • • • • • • • • • • • • • • • •	vide consul	ting services individually or as a
☐ Yes ☑ No  Type of	Business		Nat	ure of Serv	rices Rendered
Type of Dublicon			- 1.4.0		
Please answer the following ques	tion as it p	ertains to the following	board/agency:		
		House of Rep			
12. Are you or your employer, yo	ur spouse	or members of your im	mediate family, or thei	r employer	currently:
• <u>Licensed by</u> the State board or	employing	g entity with which you	are or will be associate	ed <b>or</b>	
• Regulated by the State board o	r employir	ng entity with which yo	u are or will be associa	ted <b>or</b>	
• Have a business relationship w	ith the Sta	te board or employing o	entity with which you a	are or will b	e associated?
☐ Yes ☑ No ☐ Legislator/Ju	dicial Offi	cer - You are not requ	ired to complete this qu	uestion if y	ou are filing because you are a
legislator or a	i judicial o	fficer ("judicial officer"	" is defined in the SEI	Helpful Tip	os) or you are filing as an
appointee to	those offic			ı	
Name of Person		Name of Employer (if applicable)		Type of Relationship (Licensing, Regulatory, Business)	
13. Are you, <u>your spouse</u> , or a me registered as such within the <u>12 n</u> ☐ Yes ☑ No	-	<del></del>		ı lobbyist oı	r lobbyist principal or were you
Name of Lobbyist	Lob	byist's Principal	Date of Registra	ation	Registration Expiration
OTHER DISCLOSURES					

14. During any calendar quarter i candidate), did you	in 2017 (but only the time period	after you were appointed, employ	red or filed or were nominated as a
• receive any gift(s) exceeding \$	200 per quarter from a person or g	group of persons acting together,	and
• when both you and those perso	on(s) were outside North Carolina	at the time you accepted the gift(	s), and
• the gift(s) were given under cir	cumstances that would lead a reas	sonable person to conclude that th	ney were given for lobbying?
☐ Yes ☑ No			
▶ Do not report gifts give	n by members of your extended fa	amily.	
► Do not report gifts that  Report for Exempted Po	have previously been reported by ersons."	you to the Department of the Sec	retary of State on the "Expense
Date Item Received	Name and Address of Donor(s)	Describe Item Received	Estimated Market Value
Please answer the following ques	stion as it pertains to the following		
15 During 2017 (but only the tir	<b>House of Re</b> ne period after you were appointe	presentatives	oinetad es e candidata) did vou
	eding \$200 from a person or group		inflated as a candidate) did you
• those person(s) were outside N		y or persons acting together and	
•	your public position? A "scholar	shin'' is a grant-in-aid either di	rect or indirect to attend a
Ť	r event, including tuition, travel		
	cer - You are not required to com		-
	eer appointee.		, c
<ul> <li>Do not report gifts that Report for Exempted Per</li> </ul>	have previously been reported by ersons."	you to the Department of the Sec	retary of State on the "Expense
Legislators are not requ	ired to report scholarships paid by	a nonpartisan legislative organiz	zation of which the legislator or
•	s a member or participant or an af		
Date of Scholarship	Name and Address of Donor(s)	Describe Event	Estimated Market Value

Please answer the following question as it p	ertains to the following board/age	ncy:	
	House of Representativ	ves	
16. Were you appointed or are you being co	onsidered for an appointment to a c	covered boar	rd by the <b>Governor</b> or another Council of
State member?			
Council of State members are:			
• Governor	• Lt. Governor	Secretary	of State
State Auditor	• State Treasurer	• Superinte	endent of Public Instruction
Attorney General	• Commissioner of Agriculture	• Commiss	sioner of Labor
• Commissioner of Insurance			
☐ Yes ☑ No			
If "Yes", list all contributions you (NOT	immediate family members) ma	de during 2	017 with a cumulative total of more than
\$1,000 to the Governor or other Council of	of State member who appointed	you.	
Contributions are defined in N C (	S.S. 163, 278, 6(6) and include, but	are not limi	ted to, "any advance, conveyance, deposit,
			ey or anything of value whatsoever."
distribution, transfer of funds, foar	i, payment, girt, pieage of subscrip	tion of mon	ey or anything or value whatsoever.
Date	Amount		Contributed to
☐ No contribution(s) with a cumulative tota	al of more than \$1,000		

Please answer the following question as it pertains to	the following board/agency House of Representatives	<i>7</i> :			
17. Are you an appointee or prospective appointee to:					
<ul><li>a. the head of a principal state department (e.g. ca</li><li>b. a North Carolina Supreme Court Justice, Cour</li><li>or</li><li>c. a member of any of the following boards:</li></ul>			✓ No o'', proceed to question		
<ul> <li>ABC Commission</li> <li>Coastal Resources Commission</li> <li>State Board of Education</li> <li>State Board of Elections</li> <li>Division of Employment Security</li> <li>Environmental Management Commission</li> <li>Industrial Commission</li> <li>Human Resources Commission</li> <li>Rules Review Commission</li> <li>Board of Transportation</li> <li>UNC Board of Governors</li> <li>Utilities Commission</li> </ul>					
d. If so, were you appointed or are you being con position by a Council of State member? Council	= =	=		□ No	
e. If so, you must indicate whether during 2017 y in any of the following activities with respect to a committee of the Council of State member who a i. Collected contributions from multiple concontributions, and transferred or delivered the or committee? Contributions are defined in a	e or campaign c position:  f such multiple	□Yes	□No		
ii. Hosted a fundraiser at your residence or p iii. Volunteered for campaign-related activit phone banks, event assistance, mailings, can			□ No		
advances the campaign of a candidate?  18. Have you ever been convicted of a felony for whi expungement regarding that conviction?  Yes No	ch you have not received ei	ther: (i) a pardon of	innoce	nce; or (ii) an order of	
Offense	Date of Conviction	County of Convid	ction	State of Conviction	

19. Are you aware of any other information that <i>you believe</i> may as compliance with the State Government Ethics Act?	sist the State Ethics Commission in advising you concerning your
☐ Yes ☑ No If yes, please provide such information below.	
AFFIRMATION	
I affirm that the information provided in this Statement of Economi accurate to the best of my knowledge and belief.	c Interest and any attachments hereto are true, complete, and
I also certify that I have not transferred, and will not transfer, any as disclosure while retaining an equitable interest.	sset, interest, or property for the purpose of concealing it from
I understand that my Statement of Economic Interest and any attach	nments or supplements thereto (with the exception of the
Confidential Form regarding Unemancipated Children) are public re	ecord.
I acknowledge that I have read and understand N.C.G.S. 138A-26 rand N.C.G.S. 138A-27 regarding providing false information:	egarding concealing or failing to disclose material information
§ 138A-26. Concealing or failing to disclose material informat	ion.
A filing person who knowingly conceals or knowingly fails to statement of economic interest under this Article shall be guilty action under G.S. 138A-45.	disclose information that is required to be disclosed on a y of a Class 1 misdemeanor and shall be subject to disciplinary
§ 138A-27. Penalty for false information.  A filing person who provides false information on a statement the information is false is guilty of a Class H felony and shall be	of economic interest as required under this Article knowing that be subject to disciplinary action under G.S. 138A-45.
☑ I Agree. It is my intention that this check box constitutes my ele information provided in this Statement of Economic Interest and best of my knowledge and belief.	
Filed Electronically	3/8/2018
Signature	Date
Allison Anne Dahle	
Printed Name	